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SEMESTER \_\_\_\_\_

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## MBA-DECLARATION OF A SECOND SPECIALTY

To be submitted before students' last semester in which the first specialty area will be completed.

PLEASE PRINT: \_\_\_\_\_  
NAME (LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_ CREDIT HOURS COMPLETED: \_\_\_\_\_

CURRICULUM INFORMATION	
Degree: GRADUATE	Program: MBA
Current Specialty:	Requested Add'l Specialty:

*I have read the pertinent catalog policy on declaration of second specialty. I have consulted with the MBA program. I understand that the responsibility for fulfilling all requirements for specialties rests with the student.*

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

## ACADEMIC DEPARTMENTAL USE ONLY

<b>COURSES FOR:</b>	<input type="radio"/> <b>SECOND SPECIALTY</b>

**Note: The second declared specialty will require completion of 4 separate and unique courses (including the capstone course) as required for that specialty.**

Signature of the MBA Director \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING AND DISTRIBUTION**

**DISTRIBUTION: 1 COPY-Registrar 1 COPY-MBA Program 1 COPY-Student**